

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NORTH CAROLINA  
ELECTRONIC FILING ATTORNEY REGISTRATION FORM**

This form is used to register for an account on the Eastern District of North Carolina Electronic Filing System. Registered attorneys will have privileges to electronically submit documents and to view the electronic docket sheets and documents. By registering, attorneys consent to receiving electronic notice of filings as well as agreeing to file all documents electronically through the system. The following information is required for registration:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ If appropriate circle one: Senior / Junior / II / III

N.C. Bar ID Number: \_\_\_\_\_

Are you currently in good standing to practice in the Eastern District of North Carolina? Yes \_\_\_\_ No \_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you relocated to this address within the past year? Yes \_\_\_\_ No \_\_\_\_

Voice Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

**Attorneys seeking to file documents electronically must be admitted to practice in the United States District Court for the Eastern District of North Carolina pursuant to LR 83.1 EDNC.**

Have you had CM/ECF training? Where?: \_\_\_\_\_

**By submitting this registration form, the undersigned agrees to abide by all the Court rules, orders and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) and Fed. R. Crim. P. 49(b)-(d) via the Court's electronic filing system as well as agreeing to file all documents electronically. The combination of user ID and password will serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised by an unauthorized user.**

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date

Submit completed Registration Form to: Clerk of Court  
United States District Court  
Attention: ECF Attorney Registration  
Post Office Box 25670  
Raleigh, NC 27611

Updated March 7, 2006